Committee on Child Protection
Montpelier, Vermont

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Improving Care for the Opioid-exposed Newborn: The Vermont Experience

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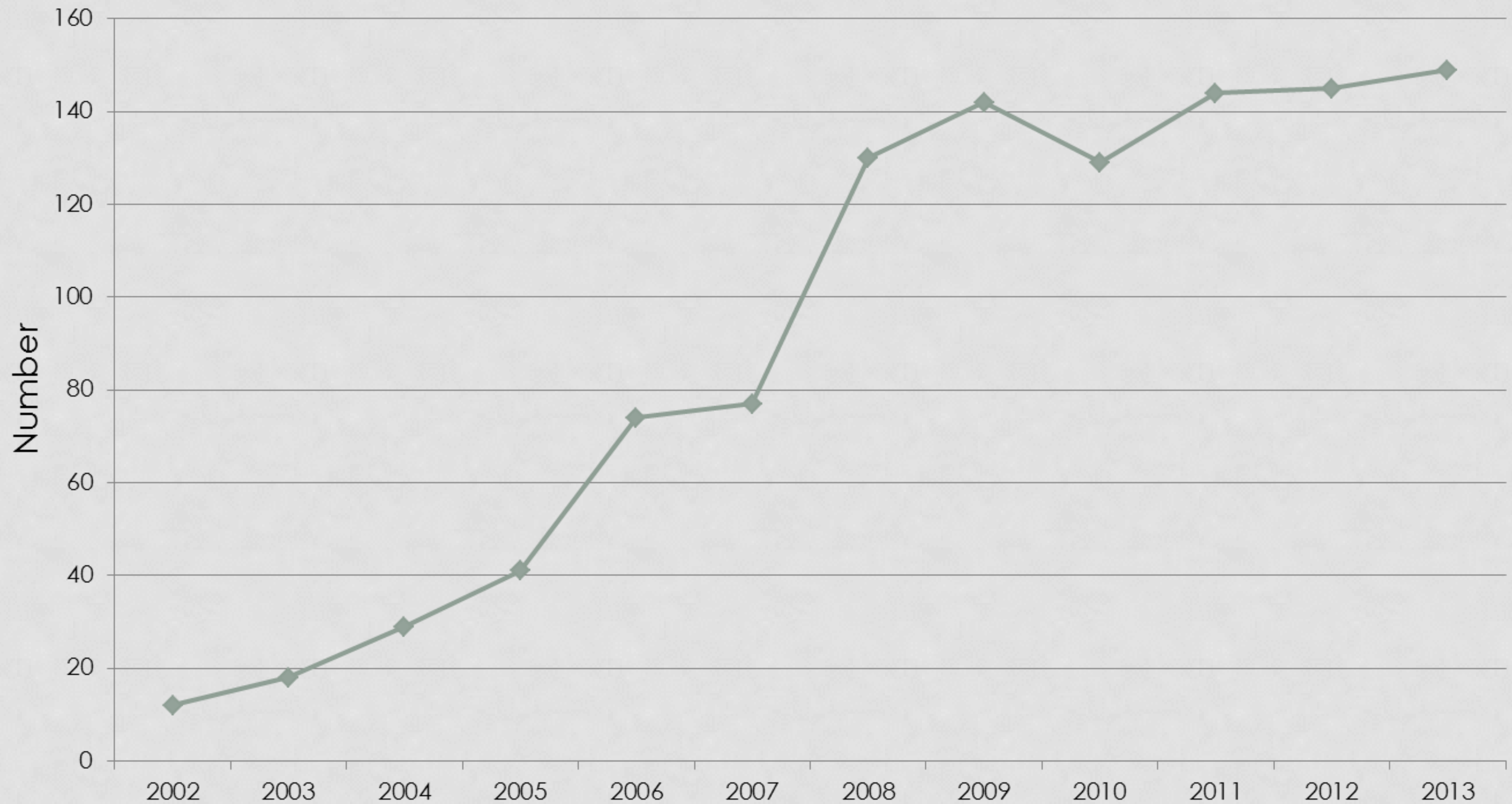
History of program for pregnant and parenting opioid-dependent women at FAHC

- 2000: 1st pregnant woman managed with methadone; infant sent home on methadone
- 2002: Addictionologist, Obstetrician and Neonatologist began meeting with increased numbers of patients
- 2003: Monthly multidisciplinary meetings with agencies including Lund Family Center, Home Health Nursing, DCF and multiple other agencies
- 2004: Started work with VCHIP (UVM and State of Vermont)
- 2008 to present: over 120 infants born annually to mothers on opioids are followed – Dr. Marjorie Meyer (Obstetrics) and Dr. Anne Johnston (Neonatology) work collaboratively on projects to improve care for these mothers and children

THE FAHC NUMBERS AS OF JULY, 2014

- # opioid-exposed babies: 1,155
- # pregnancies: 1,160
- # mothers: 924

Number of opioid-exposed newborns followed at FAHC by calendar year



MYTHS

1. Opiates during pregnancy → "damaged baby"
2. Every baby born to a mother on opiates is born "addicted"
3. If a baby needs treatment for opiate withdrawal, it must be because she the mother "used" opiates during pregnancy
4. More severe withdrawal must be because the mother "used" during pregnancy
5. Opiate abuse + pregnancy → child abuse

Myth #1: Opiates during pregnancy ➔ "damaged baby"

- There is no evidence that opiate exposure, in and of itself, results in developmental delay or any other lasting effects
- On the other hand, alcohol exposure can result in profound physical /developmental / behavioral effects

Vermont Children's Hospital:
Bayley III Composite Scores at 7-14 months (N=155)

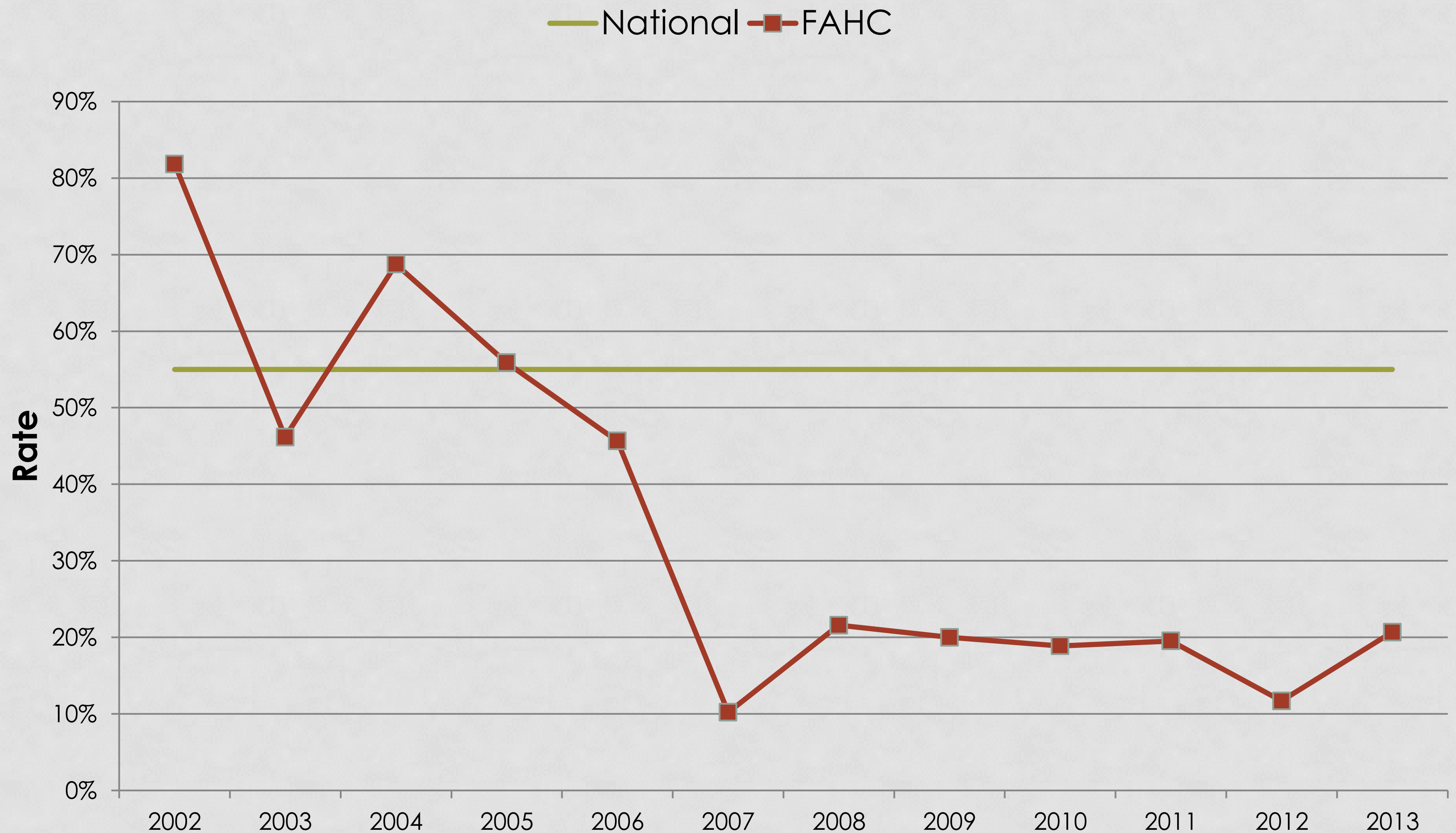
	Cognitive	Language	Motor
Mean	108.4	105.8	104.3
Percentile Rank	67.4	63.7	63.3

Data updated April, 2014

Myth #2: Every baby born to a mother on opiates is born "addicted"

- Opiate-exposed: exposure to opiates – most commonly methadone or buprenorphine – through a program. May also be due to street acquired opiates.
- Opiate-dependent: infant exhibits signs of withdrawal severe enough to need medication
- Opiate-addicted: infants cannot be addicts, the disease of addiction requires obsession and compulsion, loss of control, "breaking the rules"
- Our data show that only 20% of opiate-exposed infants require treatment.

Vermont Children's Hospital
% Infants who received pharmacologic therapy



Myth #3: If a baby needs treatment for opiate withdrawal, it must be because she "used" opiates during pregnancy

- 20 – 30% of infants whose mothers were on prescribed methadone or buprenorphine need medication to treat their withdrawal at FAHC
- Dependence and withdrawal are associated with illegal use of opiates during pregnancy, however the % needing treatment may be lower
- Exposure to tobacco can also increase the severity of withdrawal

Myth #4: More severe withdrawal must be because the mother "used" during pregnancy

- The severity of withdrawal is not associated with the dose of medication during pregnancy
- The severity of withdrawal as measured by the NAS score is not associated with use during pregnancy
- Tobacco (nicotine exposure) is known to elevate the scores early after birth
- Unknown factors, including genetic factors play a role in the incidence and severity of withdrawal

Myth #5: Opiate abuse + pregnancy = child abuse

- 1155 babies born to opiate-dependent women at FAHC
- Over 90% of these babies are discharged in the care of their mother +/- father
- These cases are discussed in monthly ChARM meetings with DCF present
- If a parent is not adhering to treatment, does not want to receive treatment and is actively using – they are NOT ready to parent a child
- The majority of parents we see are actively engaged in treatment and display good parenting, many need support in order to do so

WHAT ARE THE OUTCOMES?

- Pregnant women are in treatment earlier with better prenatal care
- Reduction in % premature births
- Reduction in % low birth weight infants
- 20 – 30% of exposed infants need methadone at home (compared to national average of 55%)
- Length of hospital stay is lower than any other program reported for the treated infants
- The infants we have followed have no increased developmental delay at ~12 months of age

DEATHS < 1 YR
INFANTS (2000 – July, 2014)

#	Month/Year of Death	Age @ Death	Cause of Death
1	05/2004	5 days	Shared sleeping
2	04/2006	4 months	SIDS
3	12/2008	6 months	MVA
4	01/2009	4 months	Shared sleeping
5	11/2009	5 months	Shared sleeping
6	03/2010	5 months	Hypoplastic Left Heart Syndrome
7	12/2010	6 weeks	Shared sleeping
8	05/2012	8 months	MVA
9	08/2013	3 months	Shared sleeping
10	09/2013	2 months	Shared sleeping
11	09/2013	19 days	Shared sleeping
12	11/2013	1 day	Extreme prematurity

04/2014: Death @ 14 months, due to non-accidental trauma

ICON: Improving Care for the Opioid-exposed Newborn

- ✓ Publication distributed throughout state: "Vermont Guidelines for the Treatment of Opioid Dependence During Pregnancy"
  http://www.uvm.edu/medicine/vchip/?Page=perinataltools.html
- ✓ Outreach education to the community-NAS management, treatment, scoring
- Projects:
  - Implement education regarding safe sleep
  - Reduction of exposure to tobacco smoke
  - Increase % of mothers who breast feed

How do we keep children safe within the context of this program?

- Build upon the good collaboration between DCF and FAHC program with increased communication (confidentiality prevents us)
- Increase services in the 2nd year of life
- Longer monitoring by DCF following reunification
- We have a successful program which attracts women to treatment, builds trust and allows them to be honest with us

How do we keep children safe within the context of this program?

- Caution: if the “word on the street” is that FAHC will involve DCF in every case and/or remove babies from families – this will have many deleterious effects including driving these women to hide their addiction – receive no treatment resulting in increased pregnancy complications including significant effects on the newborn and increased risk of child abuse and neglect
- **The baby’s health depends upon the mother’s health**